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Bib Data Sheet

CONFIRMATION NO. 4608

SERIAL NUMBER 10/823,467	FILING DATE 04/13/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO.
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/462,531 04/14/2003

*O.K. R.S.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none R.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	DRAWING 1	2	1
Verified and Acknowledged	<i>Yvette Lts RCS</i> Examiner's Signature	Initials			

## ADDRESS

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## TITLE

Sitting square baby support cushion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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